

**SHRIRAM GENERAL INSURANCE COMPANY LIMITED**  
**E-8, EPIP, SITAPURA INDUSTRIAL AREA, JAIPUR,**  
**RAJASTHAN - 302022**  
**CONTACT (TOLL FREE): 1800 180 7474 / 1800 300 30000**

M/S.Leading Network Systems Pvt Ltd - GSTIN  
No. - 27AABCL0651J1ZM

Office No 303 Suyog Fusion Dhole Patil Road

Pune

MH

411001

8446378908

**Subject : SHRIRAM EMPLOYEE COMPENSATION INSURANCE** Policy Number  
215037/48/24/P/0000510  
with Risk Start Date 10-SEP-23 .  
Dear Patron,

We are delighted to have you as our customer and express our gratitude for selecting us as provider of your insurance needs.

We are pleased to inform you that your **SHRIRAM EMPLOYEE COMPENSATION INSURANCE** policy bearing policy number **215037/48/24/P/0000510** is enclosed and the terms, conditions, exclusion, warranties, deductibles and general regulations which govern the policy are part of the policy document enclosed.

The policy is issued on the basis of information furnished in proposal form / information provided by you, your intermediary/your representatives in writing/orally. You are requested to go through the policy documents thoroughly and in case of any discrepancy in the document, please inform immediately on **customer.support@shriramgi.com** for necessary rectification if required but not later than 15 days' from the date of issuance of the policy document. In the absence of any communication from your end, we shall consider that the terms, conditions and other contents of the policy are in alignment with your requirements.

We look forward to a continuing and mutually beneficial relationship.

Place : Pune

Date : 04/09/2023

All the amounts mentioned in this policy are in Indian Rupees  
Consolidated Stamp Duty paid vide order no. LOA/CSD/64/2023/2839 dated 12 JUN 2023

For and on behalf of  
SHRIRAM GENERAL INSURANCE COMPANY LTD



Authorised Signatory

**SHRIRAM EMPLOYEES COMPENSATION INSURANCE - POLICY SCHEDULE**

Shriram Employees Compensation Insurance Policy - UIN NO. IRDANI37CP0013V02201819 - SAC Code. 997139

<b>Policy No.</b>	<b>: 215037/48/24/P/0000510</b>	<b>Prev. Policy No.</b>	<b>: -</b>
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 12767547	Branch Office code	: 215037
Insured's Name	: M/S.Leading Network Systems Pvt Ltd - GSTIN No. - 27AABCL0651J1ZM	Branch Office Name	: Pune
Address	: Office No 303 Suyog Fusion Dhole Patil Road  Pune Maharashtra 411001	Branch Address	: Office No. 205 To 208, 2nd Floor, F Wing Parmar Trade Center,32/496, B J Road, Near Sadhu Waswani Chowk, Pune Maharashtra 411001
Tel./Fax/Email	: 8446378908 /	Branch Tel./Fax/Email	: 7412079576, 7412079581 / / sgi.pune@shriramgi.com
Dev.Officer	: NAN000003511	Agent Details	: BAN000000040 MANSI KUMAR KAMBLE / / Contact No: 7210576771
Period of Insurance	: From 00:00 on 10/09/2023 To Midnight of 09/09/2024 (Both days Inclusive )		
Gross Premium	25,424	S Tax : 0	GST: 4576 Cess:0 ST Duty 13 Total : 30,000

Co-insurance Details : NIL

Business : Networking Job on Height Above 9 mtr

Laws : The Policy covers Liability of the Insured under the following Law(s) shown as covered, subject to claim being otherwise admissible as per terms, conditions and exclusions of the Policy and subject to Limit of Indemnity as stipulated against each Law :

LAW	LIMIT OF INDEMNITY	COVERAGE
Employee's Compensation Act, 1923 and subsequent amendments thereof prior to the date of issue of this Policy	Subject otherwise, to the terms, conditions & Exclusions of the Policy, the amount of Liability incurred by the Insured	Yes

**SCHEDULE OF PREMIUM**

Cover Description	Premium
TOTAL PREMIUM	25,424.00
ADD :SGST	2,288.00
ADD :CGST	2,288.00
TOTAL AMOUNT	30,000.00

Place : Pune

Date : 04/09/2023

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Attached to and forming part of policy number 215037/48/24/P/0000510

**Details of the Employees Covered :**

Description of Work done by Employees	Declared Number of Employees	Declared Wages during Period of Insurance	Place of Employment
Networking Job on Height Above 9 mtr	25	30,00,000	LEADING NETWORK SYSTEMS PVT LTD (There are 36 locations at the time of policy issuance)

**The Insurance under this policy is subject to Warranties & Clauses(as per forms attached).**

Subject to adjustment in the terms of Condition 6. The estimated amount of wages/salaries & other earnings on which premium is based.

- This policy excludes any interest and/or penalty imposed on the Insured on account of his/their failure to comply with the requirements laid down under the W.C. Act, 1923 and subsequent amendments.
- Terrorism is covered.
- All employees shall be covered without any selection under given job description.
- Subcontractors are covered under this policy.
- The policy excludes claims arising out of disease/occupational disease.
- No cover for medical expenses.
- Policy excludes workman having been under the influence of liquor or drugs or any other toxics.
- Policy excludes willful disobedience by the workman of orders and rules expressly given to secure the safety of workman or all safety gadgets should be mandatory used during working in the project
- Warranted that workers covered under the policy are not involved in Blasting and tunneling work.
- The change in places of employment if any during the policy period should be referred to the Insurer compulsorily or else cover will be void
- The total number of employees mentioned and the numbers of employees against the designation mentioned should not exceed at any moment and if it is exceeding the same should be informed to the insurer and premium should be paid accordingly
- Warranted that if Number of Employees employed by the insured on the date of accident is higher than the number covered under the policy or If the amount of total wages declared is less than the actual wages paid until date of accident, Average Clause will be applicable and claim will be settled accordingly
- As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year.
- This policy covers 25 workers each with monthly salary of INR 10000, total estimated wages is 3000000/- engaged in Networking Job on height above 9 metre at 36 locations as provided at the time of policy issuance and is final and binding and it forms the part of the policy.
- All other terms, Condition and exclusions stands as per SGI policy wording which can be downloaded through following link: [https://www.shriramgi.com/Download\\_Forms.html](https://www.shriramgi.com/Download_Forms.html)
- Liability of the Company under this policy is applicable only in respect of claims occurred during the policy period and reported within 30 days from the date of expiry of the policy.
- Communicable disease exclusion Clause:- Notwithstanding any provision to the contrary, this Insurance excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following including any fear or threat thereof, whether actual or perceived.
- Communicable disease exclusion Clause:- Any infectious disease, virus, bacterium or other microorganism (whether asymptomatic or not); or Coronavirus (COVID-19) including any mutation or variation thereof; or Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at Pune on 04th Day of September 2023.

Place : Pune

Date : 04/09/2023

For and on behalf of  
SHRIRAM GENERAL INSURANCE COMPANY LTD


Authorised Signatory

All the amounts mentioned in this policy are in Indian Rupees  
Consolidated Stamp Duty paid vide order no. LOA/CSD/64/2023/2839 dated 12 JUN 2023

Attached to and forming part of policy number 215037/48/24/P/0000510

Entered by : SUNIL SHANTARAM MENE

Approved by : SUNIL SHANTARAM MENE

## Shriram Employees Compensation Insurance - Policy Wording

### 1. Operative Clause

WHEREAS the **Insured** by a Proposal which shall be the basis of this Contract and deemed to be incorporated herein, has applied to Shriram General Insurance **Company** Ltd. (hereinafter called "the **Company**") for the insurance herein after contained for the **Business** described in the **Schedule** and has paid or agreed to pay the premium stated in the **Schedule** as consideration for such insurance.

NOW THIS **POLICY** WITNESSETH, subject to the terms exceptions and conditions contained herein or endorsed hereon, that if at any time during the **Period of Insurance** any **Employee** or **Employees** of the **Insured** shall sustain **Injury** by accident arising out of and in the course of his employment in the **Business**, for which the **Insured** is liable to pay compensation under any Law(s) specified in the **Schedule**, then the **Company** shall indemnify the **Insured** Upto the Limit of Indemnity against all sums for which the **Insured** shall be so liable, including costs and expenses for defending any such claim incurred with the **Company's** consent.

PROVIDED ALWAYS that in the event of any change in the Law(s) or the substitution of other legislation there for, this **Policy** shall remain in force but the liability of the **Company** shall be limited to such sum as the **Company** would have been liable to pay if the Law(s) had remained unaltered.

### 2. Definitions

This **Policy**, the **Schedule** and any Clauses thereon shall be considered one document and any word or expression to which a specific meaning has been attached in Definitions bears that specific meaning wherever it appears in this **Policy**.

#### 2.1. Business

Place : Pune

Date : 04/09/2023

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Authorised Signatory

**Attached to and forming part of policy number 215037/48/24/P/0000510**

Means the **Business** of the **Insured** as specified in the **Schedule** in respect of which this **Policy** is issued.

**2.2. Injury**

Means physical bodily **Injury** including death resulting from such **Injury** arising out of an accident but does not include any mental sickness, disease, **Occupational Disease**, unless caused by such physical bodily **Injury**.

**2.3. Disablement**

Disablement means any loss of capacity to work or move, may result in loss or reduction of his earning capacity. Disablement may be Total, Partial, Temporary and Permanent

**2.4. Insured**

Means the person or organization specified in the **Policy Schedule** but does not include their Contractors or Sub Contractors.

**2.5. Occupational Disease**

Means any occupational disease or illness including but not limited to the diseases listed under Schedule III of the Employees' Compensation Act, 1923 contracted by an **Employee** due to employment in the **Business**.

**2.6. Wages**

Means the remuneration payable to an **Employee** by the **Insured** for the employment in the **Business** and includes any privilege or benefit which is capable of being estimated in money other than a travelling allowance or the value of any travelling concession or a contribution paid by the employer of a **Employee** towards any pension or provident fund or a sum paid to a **Employee** to cover any special expenses entailed on him by the nature of his employment;

**2.7. Employee or Employees**

Means such person or persons in direct employment under the **Insured** in the **Business**, but shall not include any person employed under a Contractor or Sub-Contractor of the **Insured** unless specifically shown as covered in the **Schedule** and by an endorsement.

**2.8. Schedule**

Means the **Schedule** attached to and forming part of this **Policy**.

**2.9. Period of Insurance**

Means the period for which this insurance is availed by the **Insured** as specified in the **Schedule**, unless cancelled earlier.

**2.10. Policy**

Policy document is a legal document which is an evidence of the contract of Insurance between the Proposer/Insured and the Insurer and inter alia, includes the Proposal Form, Declaration Form, the Policy Schedule, Company's covering letter to the Insured, any enrolment forms, endorsements, papers or riders attaching to or forming part hereof, issued either at the inception or during the Policy Period.

**2.11. Limit of Indemnity**

Means the maximum amount of indemnity as specified in the **Schedule** that will be provided under this **Policy** by the **Company** in respect of

- i. Any particular claim by an **Employee** and
- ii. All claims arising out of all accidents for any number of **Employees** during the **Period of Insurance**.

**2.12. Reasonable Medical Expenses**

Means those expenses which insured incur for treatment of injury arising out of accident in respect of which indemnity granted under this policy otherwise applies like expenses incurred on the treatment received in the form of ambulance, hospital, radiology, doctor appointments, physical therapy, medications, nursing services, pain management, surgery, anesthesia and diagnostic test etc.

Place : Pune

Date : 04/09/2023

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### 3. Exclusions

This **Policy** shall not cover liability of the **Insured**:

- 3.1. For **Injury** caused to **Employee** by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- 3.2. For **Injury** caused to **Employee** by accident directly or indirectly caused by or arising from or in consequence of or attributable to any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

- 3.3. Accidents occurring at any other place than the Place or Places of Employment specified in the **Schedule**, unless the **Employee** was at such other place whilst on duty for the purpose of **Business** and on the directions of the **Insured** or any of its official authorised to exercise control and supervision over the **Employee**.
- 3.4. For **Occupational Diseases** contracted by an **Employee**.
- 3.5. For interest and/or penalty imposed on the **Insured** under any law or otherwise.
- 3.6. Under any Law for medical expenses in connection with treatment of any **Injury** sustained by an **Employee**.
- 3.7. For persons employed in the **Business** under a Contractor or Sub-Contractor of the **Insured** unless specifically covered in the **Schedule**.
- 3.8. For **Injury** sustained by person whilst in the employ of the **Insured** otherwise than in the **Business** and/or who has is not declared for insurance under this **Policy**.
- 3.9. Assumed by agreement which would not have attached in the absence of such agreement.
- 3.10. For any sum which the **Insured** would have been entitled to recover from any party but for an agreement between the **Insured** and such party.
- 3.11. For any accident occurring whilst the **Employee** is under the influence of intoxicating liquor or drugs.
- 3.12. For any incapacity or death of an Employee resulting from his/her deliberate **self-Injury** or the deliberate aggravation of an **accidental Injury**.
- 3.13. Accidents due to disobedience of safety devices

### 4. General Conditions

#### 4.1. The Contract

This **Policy** and the **Schedule** shall be read together as one contract and any word defined herein and shown in bold shall bear such specific meaning wherever it may appear in the **Policy** or the **Schedule**.

#### 4.2. Due Observance

The due observance and fulfilment of the terms, conditions and endorsements of this **Policy** so far as they relate to anything to be done or not to be done by the **Insured** shall be condition precedent to any liability of the **Company** to make any payment under this **Policy**.

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#### 4.3. Mis-Representation/Non-Disclosure

This **Policy** shall be void in the event of any mis-representation or non-disclosure in the Proposal and the **Insured** is deemed to warrant the truth and accuracy of the statements and answers in the Proposal which form the basis of this **Policy**.

#### 4.4. Written Communication

Every notice or communication to be given or made under this **Policy** shall be delivered in writing to the **Company**.

#### 4.5. Safeguards

The **Insured** shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the **Business**.

#### 4.6. Claim Intimation

In the event of any occurrence which may give rise to a claim under this **Policy** the **Insured** shall as soon as possible, and in any case within a period of thirty days of such occurrence, give notice thereof to the **Company** in writing with full particulars. Every letter claim writ summons and process shall be notified to the **Company** immediately on receipt. Notice shall also be given to the **Company** immediately the **Insured** shall have knowledge of any impending prosecution inquest or fatal enquiry in connection with any such occurrence as aforesaid.

#### 4.7. Company's Rights After Loss

No admission offer promise or payment shall be made by or on behalf of the **Insured** without the consent of the **Company** which shall be entitled, without being obliged to do so, if it so desires to take over and conduct in his name the defence or settlement of any claim or to prosecute in his name for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings and in the settlement of any claim and the **Insured** shall give all such information and assistance as the **Company** may require.

#### 4.8. Declaration Of Employees & Wages

It is clearly agreed and Understood that the **Insured** shall be bound at all times to declare all **Employees** and **Wages** payable in respect of such **Employees** on the basis of which the Premium for this **Policy** is calculated.

In case of increase in **Employees** or **Wages** subsequent to insurance, **Insured** shall keep the **Company** intimated and obtain Endorsement by payment of necessary additional premium.

The **Insured** shall as and when require by the **Company** permit inspection of its records to verify the **Wages** and **Employees** and shall also provide duly authenticated copies thereof if so required the **Company**.

#### 4.9. Average

Notwithstanding anything contained hereinabove,

i.

- a) If the number of **Employees** (whether on duty or otherwise) employed by the **Insured** on the date of accident is higher than the number covered under this **Policy**, the **Company** shall be indemnify Insured's liability arising out of such accident, only in such proportion that the number of **Employees** covered bears to the Employees found employed on the date of accident.
- b) If the amount of **Wages** declared for this insurance for all **Employees** is less than the actual **Wages** paid until date of accident, the **Company** shall be liable to indemnify on any claim only in proportion that the **Wages** declared bears to the **Wages** paid. For the purpose of this clause, the **Wages** declared shall be calculated proportionately for the period from commencement of **Policy** until date of accident for comparison with the actual **Wages** paid during such period to determine applicability of this clause.
- c) If the liability of the **Insured** for any claim by an **Employee** is determined on the basis of **Wages** higher than covered under this **Policy**, the **Company** shall be liable to indemnify only in proportion that the **Wages** covered under the **Policy** for the **Employee/Employees** bears to the **Wages** on the basis of which **Insured** is held liable. For the purpose of this clause, the **Wages** covered in respect of any **Employee** shall be deemed to be the average wage per **Employee** in the category under which the **Employee** falls as specified in the **Schedule**, unless actual **Wages** paid at the time of accident is substantiated by submission of documentary evidence to the **Company**.

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ii. If more than one of the above clauses is found applicable in respect of a claim, only such clause under which the liability of the **Company** is least shall be applied.

#### 4.10. Maintenance Of Record Of Employees/Wages

The **Insured** undertakes to maintain an accurate record of the **Employees** and **Wages** in respect of the **Business** throughout the **Period of Insurance**, in compliance with all statutory requirements or otherwise, and allow the **Company** to inspect such records during or upon expiry of this **Policy**.

#### 4.11. Contribution

If at the time of the happening of an accident covered by this **Policy** there shall be any other insurance covering the same risk in respect of the **Employee** whether or not effected by the **Insured**, then the **Company** shall not be liable to contribute more than its rateable proportion of the amount that would otherwise be payable under this **Policy**.

#### 4.12. Cancellation

The Company or the Insured may cancel this Policy by sending at least 15 days written notice to the other party at his last known address and in such event the premium shall be adjusted in accordance with Condition 4.8 above

#### 4.13. Forfeiture

If the **Insured** shall make any claim or connive in the making of any claim, knowing the claim to be false or fraudulent, the **Policy** shall become void and all claims will stand forfeited.

#### 4.14. Arbitration

4.14.1. Any disputes or differences under or concerning this **Policy** (liability being otherwise admitted), in respect of any claim, such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator to a panel of three arbitrators to be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The arbitration shall be governed by Indian law. The venue of arbitration shall be within India.

4.14.2. It is clearly agreed and understood that no reference to arbitration can be made if the **Company** has either not admitted or has disputed liability in respect of any claim under or in respect of this **Policy**.

4.14.3. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

4.14.4. It is further expressly agreed and declared that if the Company shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### 4.15. Applicable law and Jurisdiction

It is hereby declared and agreed that this contract of insurance and all claims there under shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

### 5. Endorsement Cover (Available on the payment of additional premium and for the specific coverage level for as specified in the policy schedule)

#### 5.1. Coverage for Medical Expenses

In consideration of the payment of an additional premium it is hereby understood and agreed that this Policy, subject to its terms provisions and conditions, is extended to indemnify the insured in respect of the reasonable medical surgical and hospital expenses (including cost of conveyance to hospital) incurred by the insured for treatment of injury to which the indemnity granted under this policy applies or would have applied had disablement exceeded three days.

Provided always that the liability of the Company under this endorsement shall be limited to actual amount incurred for each employee within two years from date of accident or the amount specified in the Policy Schedule in respect of each Employee per accident and the aggregate liability of the Company for all accidents during the Period of Insurance Upto the aggregate limit specified

Place : Pune

Date : 04/09/2023

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Authorised Signatory



**Attached to and forming part of policy number 215037/48/24/P/0000510**

in the policy schedule.

This endorsement would be issued normally for a period of one year. If the contract is for less than one year, the endorsement will be issued for less than one year and premium will be charged accordingly.

Reasonable medical expenses means those expenses which insured incur for treatment of injury arising out of accident in respect of which indemnity granted under this policy otherwise applies like expenses incurred on the treatment received in the form of ambulance, hospital, radiology, doctor appointments, physical therapy, medications, nursing services, pain management, surgery, anesthesia and diagnostic test etc.

**5.2. Coverage for Occupational Diseases**

In consideration of the payment of additional premium it is hereby understood and agreed that the indemnity herein granted is extended to cover the legal liability of the **Insured to Employee for Occupational Diseases** (as mentioned in Employee's Compensation Act, 1923) solely and directly contracted due to employment and reported during the policy Period under the **Insured** in the **Business** in respect of which the within Policy is granted.

Provided always that the liability of the Company under this endorsement shall be limited to the amount as specified in the policy schedule in respect of each Employee per accident and the aggregate liability of the Company for all accidents reported during the Period of Insurance upto the aggregate limit specified in the policy schedule.

Subject to otherwise to the terms, provisions and conditions of the within Policy.

**5.3. Coverage for Contractors Workers/ Employees**

In consideration of the payment of an additional premium it is hereby understood and agreed that the indemnity herein granted is extended to cover the legal liability of the Insured to Employees in the employment of Contractors performing work for the Insured while engaged in the Business in respect of which the within Policy is granted, but only so far as regard claims under the Employees Compensation Act, 1923, and subsequent amendments of said Act prior to the date of the issue of this Policy.

**6. Information regarding Intimation of Claim**

You or someone claiming on Your behalf must promptly, compulsorily give intimation within 24 hours in writing or telephonic intimation to our call centre on the number provided below:-

In case of any claim, please contact our 24 Hours Call centre at 1800-103-3009, 1800-300-30000 (Toll Free) / 91-141-2770693 (chargeable, add area code before this number in case of mobile call) or email us at 'customer.feedback@shriramgi.in'.

**7. Grievance Redressal Procedure**

Welcome to Shriram General Insurance and Thank You for choosing us as your insurer.

Please read your **Policy** and **Schedule**. The **Policy** and **Policy Schedule** set out the terms of your contract with us. Please read your **Policy** and **Policy Schedule** carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Us. If you are dissatisfied we would like to inform you that We have a procedure for resolving issues. Please include your **Policy** number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

**First Step** Initially, We suggest you to contact the Branch Manager / Regional Manager of the local office which has issued the **Policy**. The address and telephone number will be available in the **Policy**.

**Second Step** Naturally, We hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to Grievance Cell, HO, headed by a senior executive which will be directly under the control of the MD at the below mentioned address:

**Contact Person:** Chief Compliance and Grievance Officer  
**Contact Address:** Shriram General Insurance Co. Ltd.  
 E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur - 302022  
**Grievance Cell No:** 1800-100-3009, 1800-300-30000

Place : Pune

Date : 04/09/2023

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**E-mail ID:** md@shriramgi.com  
**Fax No.:** 91-141-2770693

You can also reach us by email or register their complaints on the website of the Company.

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

#### Ombudsman Offices

Jurisdiction	Office Addresses
Gujarat , Dadra & Nagar Haveli, Daman and Diu	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, <b>AHMEDABAD</b> - 380 014 Tel.079- 27546150/139, Fax:079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in
Karnataka	<b>Shri. M. Parshad</b> Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar Ist Phase, <b>BENGALURU</b> - 560 078 Tel. 080 - 26652048 / 49 E-Mail: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman JanakVihar Complex, 2 nd floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <b>BHOPAL</b> - 462 003 Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpal.bhopal@gbic.co.in
Orissa	<b>Shri. B. N. Mishra</b> Insurance Ombudsman, Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR</b> - 751 009 Tel.0674-2596461 / 2596455, Fax - 0674-2596429 E-mail: bimalokpal.chandigarh@gbic.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2nd floor, Batra Building, Sector 17-D , <b>CHANDIGARH</b> - 160 017 Tel.: 0172-2706196 / 2706468, Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bagraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	<b>Shri. N. P. Bhagat</b> Insurance Ombudsman, Office of the Insurance Ombudsman 6th Floor , Jeevan Bhawan, Phase II, Nawal Kishore Rd. Hazratganj, <b>LUCKNOW</b> - 226 001 Tel.:0522- 2231330 / 31, Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in

Place : Pune

Date : 04/09/2023

All the amounts mentioned in this policy are in Indian Rupees

Consolidated Stamp Duty paid vide order no. LOA/CSD/64/2023/2839 dated 12 JUN 2023

For and on behalf of  
SHRIRAM GENERAL INSURANCE COMPANY LTD



Authorised Signatory

Attached to and forming part of policy number 215037/48/24/P/0000510

Delhi	<b>Smt. Sandhya Baliga</b> Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Building. Asaf Ali Road, <b>NEW DELHI</b> - 110 002 Tel. 011-23239633 / 23237532, Fax: 011-23230858 E-mail: bimalokpal.dehli@gbic.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe , S. V. Road, Santacruz (W), <b>MUMBAI</b> - 400 054 Tel: 022-26106552 / 26106960, Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	<b>Shri. K. B. Saha</b> Insurance Ombudsman, Office of the Insurance Ombudsman Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, <b>KOLKATA</b> - 700 072 Tel.: 033 - 22124339 / 22124340, Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in
Kerala, Lakshadweep, Mahe- a part of Pondicherry.	<b>Shri. P. K. Vijayakumar</b> Insurance Ombudsman, Office of the Insurance Ombudsman 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM</b> - 682 015 Tel.: 0484 - 2358759 / 2359338, Fax:0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th Floor, Nr. Panbazar Overbridge , S.S. Road, <b>GUWAHATI</b> - 781 001 (ASSAM) Tel. : 0361-2132204 / 2132205, Fax:0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46 , 1 st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD</b> - 500004 Tel.: 040 - 65504123 / 23312122, Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4th Floor, 453, Anna Salai, Teynampet, <b>CHENNAI</b> - 600 018 Tel. 044-24333668 / 24335284, Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in
Rajasthan	<b>Shri. Ashok K. Jain</b> Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, <b>JAIPUR</b> - 302 005 Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli,	<b>Shri. Ajesh Kumar</b> Insurance Ombudsman Office of the Insurance Ombudsman Bhagwan Sahai Palace , 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, <b>U.P</b> - 201 301 <b>NOIDA</b> Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in

Place : Pune

Date : 04/09/2023

All the amounts mentioned in this policy are in Indian Rupees

Consolidated Stamp Duty paid vide order no. LOA/CSD/64/2023/2839 dated 12 JUN 2023

For and on behalf of  
SHRIRAM GENERAL INSURANCE COMPANY LTD


Authorised Signatory

Attached to and forming part of policy number 215037/48/24/P/0000510

Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
Bihar, Jharkhand	<b>Shri Sadasiv Mishra</b> Insurance Ombudsman Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>PATNA</b> - 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	<b>Shri. A. K. Sahoo</b> Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, <b>PUNE</b> - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

CIN No. U66010RJ2006PLC029979

Draft Policy

Place : Pune

Date : 04/09/2023

For and on behalf of  
SHRIRAM GENERAL INSURANCE COMPANY LTDAll the amounts mentioned in this policy are in Indian Rupees  
Consolidated Stamp Duty paid vide order no. LOA/CSD/64/2023/2839 dated 12 JUN 2023

Authorised Signatory